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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CORRAINE ELIZABETH YOUNG MOPA
DOCUMENT NUMBER: POG 600 12150 )
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CORRAINE E HELMS MD  Name of Contact Person  CORRAINE E HE LMS MD PA  Firm/ Company  153 Hamilton Terrace  Address  ROYAL PALM BCH FL 33414  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CORNAINE E HELMS at (561) 891 1987  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee  Certificate of Status (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation of

CORRAINE ELIZAB	SETH	Horms	MOPA	
(Name of Corporation as curren	tly filed with the	Florida Dept. of	State)	
P 0 6 600 121 50 (Document Number	of Corporation (i	f known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:				dment(s) to
A. If amending name, enter the new name of the corporation:				
CORRAINE Ename must be distinguishable and contain the word "corporation,"	HELM	15 MD	PA The	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional	incorporated" or th corporation name	e abbreviation "Cor must_contain_the_w	p" vord
B. Enter new principal office address, if applicable:		4		_
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIC	ł		
	N//	1-		
		1		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Nί	A		
		/ /	SEC	<del>_</del> -
	<u></u>		<b>金剛 基</b>	
	<i>N</i> ,	/ A	7 7 5 A 3 5 1 1 5	<u>-</u> -
D. If amending the registered agent and/or registered office ad-		enter the name of	Int un	; []]
new registered agent and/or the new registered office address	881			
Name of New Registered Agent V/A	<u> </u>		. SA	<u> </u>
N//A			£., 0	
——————————————————————————————————————	street address)			
New Registered Office Address: N / K	<u>-</u>	, Flo	rida(Zip Code)	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		the obligations of t	he position.	
A1/A				
N/N Signature of New	Registered Agent	t. if changing	<del> </del>	
Check if applicable	6	· v		

The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	_		
Remove			
4 X - 23 1 1 / 7 V			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional phase if pages and the change (s) here:	
(Attach additional sheets, if necessary). (Be specific)	
NIA	
<del></del>	<del> </del>
	<del></del> -
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(y noi appacable, maicale 1974)	
Nia	
	<del></del>

The date of each amendment(s) adoption:date this document was signed.	MAY	12	2020	, if other than the
Effective date if applicable:	(no more than 90 do	ays after a	mendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable f State's records.	e statutory	filing requirements, this	s date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)			
The amendment(s) was/were adopted by the action was not required.	incorporators, or boa	rd of direc	tors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The mapproval.	amber of v	otes cast for the amendm	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders throug g group entitled to vot	ch voting g e separate	roups. The following sta ly on the amendment(s):	stement
"The number of votes cast for the amo	endment(s) was/were	sufficient f	or approval	
by	1 nting group)	_	; <u>`</u>	
selected, by an incappointed fiduciar	corporator – if in the bry by that fiduciary)  CORNA IN  (Typed or printed na	E E me of pers	ors or officers have not be receiver, trustee, or other the consigning)	S 121 D P17